



VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) & 1.27(b))-INDEPENDENT INVENTOR

As below named inventor I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled: IMPROVED DISTILLATION DEVICE described in:

( x ) the specification filed here.

I have not assigned, granted, conveyed, or licensed and am under no obligation under contract or law to assign, grant, convey, or license any rights to the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person made the invention or to my concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(a).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under no obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ( ) No such person, concern, or organization  
( ) Persons, concerns or organizations listed below\*

\*Note: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

( ) INDIVIDUAL ( ) SMALL BUSINESS CONCERN ( ) NONPROFIT ORGANIZATION

I acknowledge the duty to file in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying or at the time of paying the earliest of the issue fee or any maintenance fee due after the date in which status as a small entity is no longer appropriate (37 CFR 1.28(B)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the U.S. Code and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

X William Possidente

NAME OF INVENTOR

William Possidente

Signature of inventor

1 December 1996

Date

NAME OF INVENTOR

\_\_\_\_\_

Signature of inventor

\_\_\_\_\_

Date

NAME OF INVENTOR

\_\_\_\_\_

Signature of inventor

\_\_\_\_\_

Date

## DECLARATION FOR PATENT APPLICATION

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am:

the original, first and sole inventor (if only one name is listed below), or the first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED DISTILLATION DEVICE

the specification of which is attached hereto

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. sec. 1.56(a).

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all correspondence to:

John P. Halvonik, Reg. No 32,796  
845 Quince Orchard Blvd.  
Ste E  
Gaithersburg, MD. 20878  
tele: (301) 990-9393

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the U.S. Code and that such willful statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:

X William Possidente ~~William Possidente~~ Signature  Date 2 December 1996  
X Residence:  Citizenship: U.S.A.  
X 19 Karen Drive  
Y Tinton Falls, NJ 07753-7943

Post Office Address (if applicable):

Same as above.

Full name of joint inventor, if any:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Post Office Address (if applicable):

Full name of joint inventor, if any:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Residence: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Post Office Address (if applicable):